

Living Will

Decisions About End of Life Care

If a situation arises in which there is no reasonable expectation of my recovery from severe physical or mental disability to a state of meaningful interaction with loved ones, family or friends, I feel especially strongly about the following forms of treatment:

I do NOT want cardiac resuscitation

I do NOT want mechanical respiration

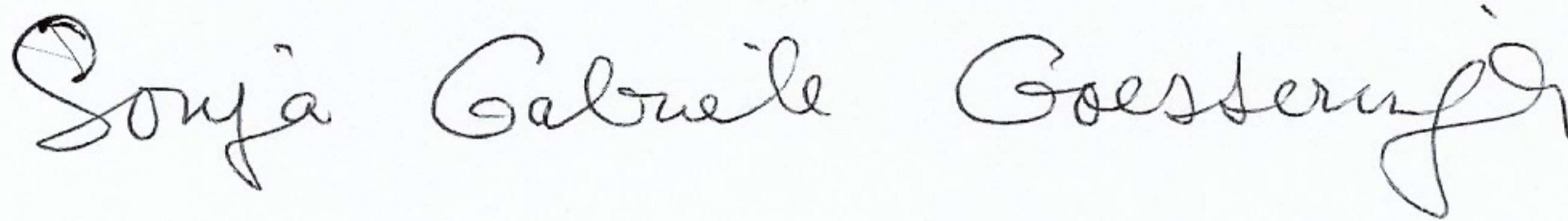
I do NOT want tube feeding

I do NOT want antibiotics

I want maximum pain relief, even if it may hasten my death.

I request to live my last days at home rather than a hospital.

Dated at Vancouver, British Columbia, this 1st day of September, 2020.

A handwritten signature in cursive script that reads "Sonja Gabriele Goesseringer". The signature is written in black ink and is positioned above the printed name.

Sonja Gabriele Goesseringer